*

Prepared by and Return to:	Grantors Address:	Grantees Address:	
A 4111 57 BA	1369 Ranger Drive	1369 Ranger Drive	
Austin Law Firm, P.A. 6928Cobblestone Drive Suite 100	Southaven, MS 38671	Southaven, MS 38671	
Southaven, MS 38672 662-890-7575 MS Bar #3412	Home: <u>662-393-6132</u>	Home: <u>662-393-6132</u>	
File No:S03-10-0120	Work: <u>901-301-3631</u>	Work: _901-301-3631	

WARRANTY DEED

THE ESTATE OF TRAVIS ODELL WILLIAMS, DECEASED, JAMES JASPER TURNAGE, DOUGLAS WILLIAMS AND DANNY WILLIAMS GRANTORS

TO

JAMES J. TURNAGE, GRANTEE

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid, and other good and valuable considerations, the receipt of all of which is hereby acknowledged, The Estate of Travis Odell Williams, deceased, James Jasper Turnage, Douglas Williams and Danny Williams, do hereby sell, convey, and warrant unto James J. Turnage, the land lying and being situated in DeSoto County, Mississippi, described as follows, to-wit:

Lot 462, Second Revision, Section "B", Southaven Subdivision, located in Section 23, Township 1 South, Range 8 West, DeSoto County, Mississippi, as recorded in Plat Book 2, Pages 14-16 in the office of the Chancery Clerk of DeSoto County, Mississippi.

The warranty in this deed is subject to rights of ways and easements for public roads and public utilities, to building, zoning, subdivision and health department regulations in effect in DeSoto County, Mississippi.

Subject to subdivision restrictive covenants, easements and setback lines as recorded in Book 2, Pages 14-16, in the office of the Chancery Clerk of DeSoto County, Mississippi.

Taxes for 2010 have been prorated, and possession is given with this deed.

By way of explanation Travis Odell Williams, departed this life on the 21st day of November, 2008, leaving a Last Will and Testament naming the Grantors herein as his heirs and beneficiaries, said Will being filed in the Chancery Clerk's Office of DeSoto County, Mississippi, in Cause No. 09-04-0829 and appointing James Jasper Turnage as the Executor pursuant to the will and Travis Odell Williams and Travis O. Williams are one and the same person.

By further way of explanation, Martha J. Williams, died on March 3, 2006, leaving as her sole heirs the Grantors herein. The original Heirship Affidavits are attached hereto as Exhibit "A".

WITNESS signature(s), this the __ act __ day of March, 2010.

THE ESTATE OF OF TRAVIS ODELL

WILLIAMS

James Jasper Turnage, Executor

Williams Douglas

James Jasper/Turnage

STATE OF MISSISSIPPI **COUNTY OF DESOTO**

Personally appeared before me, the undersigned authority in and for the jurisdiction aforesaid, James Japer Turnage, who acknowledged to me that he signed and delivered the foregoing instrument of writing, as Executor of The Estate of Travis Odell Williams, deceased, on the day and year and in the capacity therein set forth, he being so duly authorized so to do.

Given under my, hand and official seal of office, this the 26 day of March, 2010.

My Commission Expires

PUS PUS A PROPERTY OF THE PERSON OF THE PERS

STATE OF MISSISSIPPI: COUNTY OF DESOTO:

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named, Douglas Williams, who acknowledged that he signed and delivered the above and foregoing Deed on the day and year therein mentioned, as his free and voluntary act and deed, and for the purposes therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the 26th

My commission expire

STATE OF MISSISSIPER COUNTY OF DESOTO:

TY OF DESOTO: THE STATE OF A REPORT OF THE STATE AND PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named, Danny Williams, who acknowledged that he signed and delivered the above and foregoing Deed on the day and year therein mentioned, as his free and voluntary act and deed, and for the purposes therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the

26 day of March, 2010.

My commission expires

STATE OF MISSISSIPPI: COUNTY OF DESOTO:

PERSONALLY APPEARED before me, the undersigned authority at law, in and for the State and County aforesaid, the within named, James Jasper Turnage, who acknowledged that he signed and delivered the above and foregoing Deed on the day and year therein mentioned, as his free and voluntary act and deed, and for the purposes therein expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE, this the

Notary Public

MANUTURINING MANUTURING MANUTURIN My commission expires:



HEIRSHIP AFFIDAVIT

(Heirship of Martha T Williams Deceased)

STATE OF	Mississippi	
COUNTY OF	Descite	
	Luzia luhite	
	eing first duly sworn, upon his oath deposes and says:	l (m
	e was personally well acquainted with the above decedent, during his lifetime, having known him	n for <u>40</u>
years, and that a	affiant bears the following relationship to the said decedent, towit:	
Δffiant fo	further states that the said decedent departed this life at Southween in DeSoto	County
	on or about March 3,2006 being 69 years old at the date of h	
	further states that he was well acquainted with the family and near relatives of the said decede	
	would under the laws of the State of $\frac{1}{2}$, be his heirs, and that the following state	
	the following named questions are based upon the personal knowledge of affiant and are true a	
	Did the decedent leave a will? ANSWER: 14 0	
QUESTION 2 -	If so, has the will been admitted to probate - at what place, and when? ANSWER:	NO
QUESTION 3 -	Has an administrator been appointed for the estate of said deceased? ANSWER: _ NO	
QUESTION 4 -	If so, give the County in which the said administration proceedings are pending, and the	name and
	address of the administrator. ANSWER:	
QUESTION 5 -	Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes N	·
	If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317	
QUESTION 6 -	, , , , , , , , , , , , , , , , , , , ,	
	Travis O. Williams If not living, state date of death NoV	21,2008
QUESTION 7 -	···	
	whether said former spouse is dead or divorced. ANSWER:	g <u>e Decease</u> o
QUESTION 8 -	On the blank lines below, give the names and places of residence of all surviving children or	f deceased,
	together with the other information called for: ANSWER: (Give names of surviving children o	nly)
	ADDRES IF NOT LIVING NAME OF IF NOT L	JVING
NAME 1. James	E OF CHILD DATE OF BIRTH DATE OF DEATH HUSBAND OR WIFE DATE OF J. J. J. D. R. J. B. G. RAUGO	DEATH Southare
2. DANNY	D. Williams June 6, 1957 Dorothy M.Williams 251 FARley &	ed Byhaliam
3. Douglas	5 D. Williams June 14, Nows 1369 Rangeri	Southaven n
QUESTION 9 -	Give below the names of any deceased children of the decedent, together with the other	information
	called for: ANSWER:	
NAME	SURVIVING IF NOT L E OF CHILD DATE OF BIRTH DATE OF DEATH HUSBAND OR WIFE DATE OF	
1. 2. No	3 N E	
3.		
Λ		

DK W BK 629 PG 740

1. <u>—</u> 2. <u>—</u> 3.	NAME OF CHILD		ADDRESS OR IF NOT LIVING DEATH		FATHER AND OTHER
4	FION 44 Did the d		al abildon ar séan abildon	takan inta his hama?	
QUEST			ed children, or step-children _ IF SO, WRITE THEIR N		PESSES IN THE
		LINES BELOW:	_ 11 00, WITHE THEIR 14	AMEO, AGEG, AND ABBI	COOLO IN THE
1	NAME NAME		AGE	ADDRESS	
2. 3	·				
4 5. —					
	TION 12 - Did the o	decedent leave any unpa	aid debts; and if so, give a	s nearly as possible, the	amount of such
	debts, an	id whether they have sind	e been paid. ANSWER:	no	
QUEST		·	, then give below the nar		ether with other
	information	on called for), of his survi	ving father, mother, brother		
	NAME	RELATIONSHIP	AGE	ADDRESS, OR IF NOT LI DATE OF DEATH	VING,
1. <u> </u>	10/14	<u></u>			
3. — 4.					
5. <u> </u>					
1 2 3 4	ANSWEI NAME OF BROTHERS/SISTERS				NOT LIVING TE OF DEATH
			Afflant		
		vorn to before me this	25th day of MARC	DON DON	·
My com	THE RESERVE OF THE PERSON OF T	TATEWIDE NOTARY PUBLIC ON EXPIRES JUNE 27, 2010 STEGALL NOTARY SERVICE	Notary	S BOA DE	guon
		CORR	OBORATION AFFIDAVIT	\$ 0° 5	
	•				
STATE	EOF <u>Milos</u> isc	CAPAL (To be sign	ed by some person other the	Januaring the for	egoing affidavit.)
STATE	1//	<u>ာက္မႈက်</u> (To be sign	ned by some person other the	narray Congranding the for	egoing affidavit.)
	1//	CAPIC (To be sign White	ied by some person other ti	han been aring the for	egoing affidavit.)
COUN.	TY OF <u>Newerla</u> Michael L	white	ned by some person other the	DESCRIPTION OF THE PROPERTY OF	
COUN.	TY OF <u>Way of</u> Wichoel ul age, being first du	white	·	DESCRIPTION OF THE PROPERTY OF	
COUN' of lawfe	TY OF <u>Level</u> Victore U ul age, being first du by <u>Luzio</u>	white	states: That the information	n given in the above and fo	
of lawfu	TY OF Well of the personal kno	white uly sworn, upon his oath s Luhite	·	n given in the above and fo	
of lawformade is true,	to the personal kno Subscribed and swammission expires: MY COMMISSION EX	worn to before me this	states: That the information The states of the information of the inf	n given in the above and fo	



HEIRSHIP AFFIDAVIT

(Heirship of Martha J. Williams Deceased)

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COUNTY OF	Desato	
-	lichael white	
of lawful age, be	ring first duly sworn, upon his oath deposes and says:	
That he	was personally well acquainted with the above decedent, during his lifetime, having known him for 40.	-
	affiant bears the following relationship to the said decedent, towit:	_
Affiant fu	urther states that the said decedent departed this life at <u>Sathaur</u> in <u>DeSoto</u> County	,
State ofM S		
Affiant fu	urther states that he was well acquainted with the family and near relatives of the said decedent, and with	1
all those who wo	ould under the laws of the State of 100 statements and	j
	he following named questions are based upon the personal knowledge of affiant and are true and correct:	
QUESTION 1 -	Did the decedent leave a will? ANSWER: NO	
QUESTION 2 -	If so, has the will been admitted to probate - at what place, and when? ANSWER:	_
	NO	
QUESTION 3 -	Has an administrator been appointed for the estate of said deceased? ANSWER:	
QUESTION 4 -	If so, give the County in which the said administration proceedings are pending, and the name and	1
	address of the administrator. ANSWER:	_
QUESTION 5 -	Did the decedent receive the benefit of any Medicaid payments? ANSWER: Yes No	
	If yes, attach copy of Division of Medicaid Waiver of Recovery pursuant to Section 43-13-317.	
QUESTION 6 -	Give the name and address of the surviving widow or widower of decedent. ANSWER: _ue 5	
	Trauis O. Williams If not living, state date of death Nov 21, 2008	•
QUESTION 7 -	If the decedent was married more than once, give the name of the former husband or wife, and state)
	whether said former spouse is dead or divorced. ANSWER:	-
QUESTION 8 -	On the blank lines below, give the names and places of residence of all surviving children of deceased	ı
	together with the other information called for: ANSWER: (Give names of surviving children only)	
	ADDRESS OR IF NOT LIVING NAME OF IF NOT LIVING	
	OF CHILD DATE OF BIRTH DATE OF DEATH HUSBAND OR WIFE DATE OF DEATH	
1. DAMES	J. Turklage october 16 NoNE 1369 RANGER STOCKED. Williams June 4, 1957 Dorothy M. Williams 251 FARley Rd. Bythe	
3. Douglas D	Williams June 14, None 1369 Ranger 1 South	have
4. QUESTION 9 -	Give below the names of any deceased children of the decedent, together with the other information	<i>/</i> /- }
	called for: ANSWER:	•
	SURVIVING IF NOT LIVING	
1. NAME (OF CHILD DATE OF BIRTH DATE OF DEATH HUSBAND OR WIFE DATE OF DEATH	
2.	N E	•
3.		

QUE 1. 2. 3.	, . NAMI	Give the name	DATE OF BIRTH	ADDRESS OR IF N	or daughter of the dec NOT LIVING, DATE OF EATH	edent: ANSWER: NAME OF FATHER AND MOTHER
QUE	STION 11 -				-children taken into his	
		ANSWER: Ye BLANK LINES		_ IF SO, WRITE	THEIR NAMES, AGES	S, AND ADDRESSES IN THE
1.	NAME	NA		AGE		ADDRESS
2.						
3. 4						
5. QUE	STION 12 -	Did the deced	dent leave any unpa	id debts; and if s	o, give as nearly as i	possible, the amount of such
QUE	STION 13 -	If the decede	ent left no children,	then give below	the names and add	dresses (together with other
		information ca	alled for), of his surviv	ring father, mother	r, brothers and sisters:	
		NAME	RELATIONSHIP	AGE		S, OR IF NOT LIVING, TE OF DEATH
1. 2.		N/A				
3.						
4 5						
QUE		deceased bro ANSWER:	ed left no children no others and sisters of t	or children of a de the decedent, toge	ether with the	e below the names of any other information called for:
1. 2.		ME OF RS/SISTERS	DATE OF BIRTH	ATE OF DEATH	SURVIVING CHILDREN	IF NOT LIVING DATE OF DEATH
3.						
4.				~	nicht u	hite
				Affiant	Manal	00117
Maria			to before me this	<u>-∠0</u> day	of // Veren	illium, John
	BO	I SSISSIPP I STATEWID Y COMMISSION EXPI INDED THRU STEGAL	E NOTARY PUBLIC RES JUNE 27, 2010 L NOTARY SERVICE		Notary Poblis	and the green
		ř	CORR	DBORATION AFF	IDAVIT	in E
STA	ATE OF <u>//</u> /	respose	(To be sign	ed by some perso	on other that the one r	naking the loregoing affidavit.)
CO	UNTY OF _	1 Jesoto			THIN OCT	S. O. S. C. L. L. C.
			unito		Million	O MONTHLE
of la	awful age, b	eing first duly sv	worn, upon his oath s	states: That the in	nformation given in the	above and foregoing affidavit,
	de by	nichail	unite_		'	L. L. ammunia
is tr	ue, to the pe	ersonal knowled	lge of this affiant.		usu UI	MULHINS * ONLINE
	Subscri	ihad and ewern	to before me this	Con about da	- mark	2/18/0/3
Μv	oubscn gommissigg	expires:		<u>~~</u> ∪a	(1)	Ores In
	M)	SSISSIPPI STATEWIDI / COMMISSION EXPIR MOED THRU STEGAL!	E NOTARY PUBLIC IES JUNE 27, 2010 IES JUNE 27, 2010		Noting Public	- LESTANION SE
	NOTE:	If any of heirs o	f decedent have died	d since his death,	ر secure separate proof	of heirship 3 90 MOS